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IRO CERTIFICATE #

DECEMBER 19, 2007 (ORIGINAL) JANUARY 14, 2008 (AMENDED)

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening 20 units

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

M.D. Board Certified Anesthesiology and Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Review/Denial Letters –11/2/07, 11/21/07
Report of Medical Evaluation — 9/14/06; 1/11/07
Medical History –P.C. 12/6/07
Medical Record Review –D.C., 6/22/06
MRI Lumbar Spine – 7/6/06
Emergency Physician Record – 7/31/06
Initial Examination Report –M.D., 5/11/06
Incident Report –

PT Reports - Rehabilitation Clinic - 10/17/07 – 11/8/07
Operative Notes –M.D. 10/6/06 through 4/12/07
Clinical Reports –M.D. – 8/2/06 through 5/2/07
Spine Associates, LLC 6/26/07 - 11/3/07
Review of Medical History –M.D. 9/14/06
ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a male who had fallen 5 – 10 feet and landed on his back on the concrete. The low back pain was treated with extensive chiropractic care. Aquatic therapy was also performed. ESI relieved leg pain but back pain persists. EMG revealed RS1, L5 radiculitis. Surgery was recommended and declined.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

I agree with the benefit company's decision to deny the work hardening program. The ODG criterion #1 for a work hardening program states that physical recovery must be sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day and 3-5 days a week. The patient could not complete the FCE secondary to increased back pain and increased heart rate. He would be unable to meet criteria above for Work Hardening Program.

This decision does not diverge from the ODG Guidelines.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)